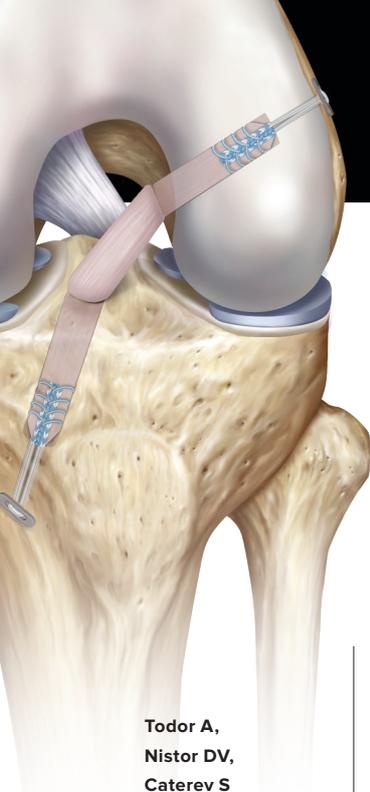


# Quadriceps Tendon (QT) ACL Reconstruction Scientific Update



Todor A,  
Nistor DV,  
Caterev S

QT ACL reconstruction continues to be one of the fastest growing ACL reconstruction techniques performed worldwide. The clinical benefits of the QT technique – including robust and predictable graft sizing, superior biomechanics, equal or better clinical outcomes, low morbidity, and improved cosmesis – are now supported in a number of clinical and biomechanical studies as well as systematic reviews. This update summarizes the scientific support for successful outcomes with the QT technique.

## In Vivo Studies: Clinical Outcomes

[Clinical outcomes after ACL reconstruction with free quadriceps tendon autograft versus hamstring tendons autograft. A retrospective study with a minimal follow-up two years \[published online March 21, 2019\]. \*Acta Orthop Traumatol Turc.\* doi:10.1016/j.aott.2019.03.004.](#)

- A retrospective clinical study to evaluate the clinical outcomes of single bundle ACL reconstruction using either a free quadriceps tendon (QT) autograft or a quadrupled hamstring tendon (HT) autograft with a minimum of 2-year follow-up. Eighty-two patients met the inclusion/exclusion criteria and 72 patients presented to the hospital for follow-up.
- The QT graft was used in 39 patients and 33 patients received a HS graft. There was no significant difference between the groups for KT-1000 measurements, postoperative Lysholm, modified Cincinnati, or general SF-36 scores. Less side-to-side thigh diameter difference was seen in the QT group.
- This study concluded that similar clinical outcomes, in terms of stability and subjective measures, can be achieved using either a free QT autograft or 4-strand HS autograft.

[A comparative study on functional outcome of ACL reconstruction: quadriceps versus hamstring tendon autograft. \*JAJIS.\* 2019;6\(1\):61-64. doi.org/10.1016/j.jajs.2018.09.005.](#)

- A comparative clinical study of 96 patients to evaluate functional outcomes of ACLR between quadriceps tendon (QT) and hamstring tendon (HT) autografts. Four of the original 48 QT patients were lost to follow-up and 6 of the original 48 HT patients were lost to follow-up at 12 weeks.
- The IKDC scores at 2-year follow-up for the QT tendon group was 114 in 40 patients and 100 in 4 patients (mean IKDC score of 113). In the HT group, IKDC scores were 119 in 38 patients and 113 in 4 patients (mean IKDC score of 118).
- This study showed no statistically significant difference between quadriceps and hamstring tendon autografts following ACLR.

Tirupathi SY,  
Goyal D,  
Vidyasagar JVS

Buescu CT,  
Onutu AH,  
Lucaciu DO,  
Todor A

[Pain level after ACL reconstruction: a comparative study between free quadriceps tendon and hamstring tendons autografts.](#) *Acta Orthop Traumatol Turc.* 2017;51(2):100-103. doi:10.1016/j.aott.2017.02.011.

- This clinical study of 48 patients compared pain levels and analgesic consumption after single bundle ACLR with QT vs HT autograft.
- In the HT group, supplementary analgesic drug administration proved significantly higher, with a median (interquartile range) of 1 (1.3) dose, compared to the group of subjects treated with a quadriceps graft, median = 0.5 (0.1.25) (p = 0.009).
- A significantly higher number of subjects with a quadriceps graft did not require any supplementary analgesic drug (50%) as compared with subjects with hamstring graft (13%).
- Patients in the QT group had less pain and less analgesic consumption in the immediate postoperative period compared with patients in the HT group.

Xerogeanes JW,  
Godfrey W,  
Gebrelul A,  
et al

[Clinical outcomes of soft-tissue quadriceps tendon autograft in ACL reconstruction \[abstract\].](#) *Orthop J Sports Med.* 2017;5(7 suppl6):2325967117S00310. doi:10.1177/2325967117S00310.

- Prospectively followed 353 patients undergoing ACL reconstruction with QT autograft.
- There was no evidence of early graft failure or lengthening, reaffirming technique and graft choice is sufficient in young, athletic patient population.
- Low complication and failure rates for those who received QT autograft compare favorably to existing literature on other graft options.
- Supports soft-tissue QT autograft in ACL reconstruction.

DeAngelis JP,  
Cote M,  
Fulkerson JP,  
Caminiti S

[Central quadriceps tendon for anterior cruciate ligament reconstruction: long-term results.](#) *Arthroscopy.* 2008. 24(6)(suppl):e18. doi:10.1016/j.arthro.2008.04.033.

- One hundred twenty-four patients were enrolled in study; describes outcomes of ACLR using central quadriceps free tendon (CQFT) at minimum of 2 years post-reconstruction.
- Concluded that “CQFT is a reliable, low-morbidity autograft for ACL reconstruction with stable outcomes at an average of 5+ years.”

Cavaignac E,  
Coulin B,  
Tscholl P,  
Nik Mohd Fatmy N,  
Duthon V,  
Menetrey J

[Is quadriceps tendon autograft a better choice than hamstring autograft for anterior cruciate ligament reconstruction?](#) *Am J Sports Med.* 2017;45(6):1326-1332. doi:10.1177/0363546516688665.

- A comparative study with mean follow-up of 3.6 years  $\pm$  0.4 years.
- Ninety-five patients enrolled in the study; 50 patients underwent ACL reconstruction with QT and 45 with HT.
- Assessment methods included various parameters: surgical revision, functional outcomes, joint stability, anterior knee pain, and isokinetic strength.
- Authors concluded that the “use of a QT graft in ACL reconstruction leads to equal or better functional outcomes than does the use of an HT graft, without affecting morbidity.



Lund B,  
Nielsen T,  
Faunø P,  
Christiansen SE,  
Lind M

[Is quadriceps tendon a better graft choice than patellar tendon? A prospective randomized study.](#) *Arthroscopy*. 2014;30(5):593-598. doi:10.1016/j.arthro.2014.01.012.

- Prospective, randomized controlled study to compare quadriceps tendon-bone (QTB) and bone-patellar tendon-bone (BPTB) reconstructions.
- Fifty-one patients were included in the study; 26 patients received QTB grafts and 25 received BPTB.
- Concluded that use of QTB results in less kneeling pain, graft site pain, and sensitivity loss than BPTB. Similar anterior knee stability and subjective outcome scores were reported.

Runer A,  
Wierer G,  
Herbst E,  
et al

[There is no difference between quadriceps- and hamstring tendon autografts in primary anterior cruciate ligament reconstruction: a 2-year patient-reported outcome study.](#) *Knee Surg Sports Traumatol Arthrosc*. 2014;30(5):593-598. doi:10.1016/j.arthro.2014.01.012.

- Two-year, patient-reported outcome study
- Eighty patients were included in this study; 40 patients with primary ACL reconstruction using a QT and 40 with HT.
- There was no significant difference between PRO scores in either QT or HT autografts. Both QT and HT show acceptable and comparable PRO scores thereby reaffirming QT as a reliable graft choice for primary ACL reconstruction.

Iriuchishima T,  
Ryu K,  
Okano T,  
Suruga M,  
Aizawa S,  
Fu FH

[The evaluation of muscle recovery after anatomical single-bundle ACL reconstruction using a quadriceps autograft.](#) *Knee Surg Sports Traumatol Arthrosc*. 2017;25(5):1449-1453. doi:10.1007/s00167-016-4124-z.

- Twenty patients were included in the study and were evaluated for muscle recovery at pre-op, and at 3, 6, 9, and 12 months post-op.
- Authors found that “anatomical single-bundle ACL reconstruction using a quadriceps autograft resulted in equivalent level of muscle recovery and knee stability when compared with previously reported ACL reconstruction using hamstrings tendon with no donor site complications.”
- No donor-site complications were reported.

Martin-Alguacil JL,  
Arroyo-Morales M,  
Martín-Gomez JL,  
et al

[Strength recovery after anterior cruciate ligament reconstruction with quadriceps tendon versus hamstring tendon autografts in soccer players: a randomized controlled trial.](#) *Knee*. 2018;25(4):704-714. doi:10.1016/j.knee.2018.03.011.

- Fifty-six patients were enrolled in randomized controlled trial and placed into either the HT or QT group.
- ACLR with QT graft demonstrated similar functional results with a better isokinetic hamstring/quadriceps ratio compared to ACLR with HT graft.



Kanakamedala AC,  
de Sa D,  
Obioha OA,  
et al

## Systematic Reviews and Meta-analysis

[No difference between full thickness and partial thickness quadriceps tendon autografts in anterior cruciate ligament reconstruction: a systematic review.](#) *Knee Surg Sports Traumatol Arthrosc.* 2019;27(1):105-116. doi:10.1007/s00167-018-5042-z.

- A systematic review comparing outcomes and complication profiles of ACLR between full thickness and partial thickness quadriceps tendon autografts.
- Twenty studies met the inclusion/exclusion criteria. “Due to heterogeneous reporting, data were not combined in a meta-analysis and were summarized descriptively.”
- “There appeared to be no difference in outcomes or complications between either FT-Q or PT-Q in primary ACL-R. Moreover, primary ACL-R using QT autografts appears to have successful outcomes with a low rate of graft failure, irrespective of tendon thickness. While further comparative studies are needed to better delineate the optimal thickness of quadriceps tendon for primary ACL-R, these data suggest that, in primary ACL-R, either FT-Q or PT-Q is efficacious and, in the clinical setting, surgeons may be justified in using either graft thickness.”

Hurley ET,  
Calvo-Gurry M,  
Dan Withers,  
Farrington SK,  
Moran R,  
Moran CJ

[Quadriceps tendon autograft in anterior cruciate ligament reconstruction: a systematic review.](#) *Arthroscopy.* 2018;34(5):1690-1698. doi:10.1016/j.arthro.2018.01.046.

- Systematically reviewed current evidence to ascertain whether QT is a viable option for ACLR.
- Identified 15 clinical trials with 1910 patients.
- In all studies, QT resulted in lower anterior knee pain than BPTB. There was no difference in graft rupture between QT and BPTB or HT in any of the reported studies.
- Concluded that current literature suggests QT is a viable option in ACLR.

Belk JW,  
Kraeutler MJ,  
Marshall HA,  
Goodrich JA,  
McCarty EC

[Quadriceps tendon autograft for primary anterior cruciate ligament reconstruction: a systematic review of comparative studies with minimum 2-year follow-up.](#) *Arthroscopy.* 2018;34(5):1699-1707. doi:10.1016/j.arthro.2018.01.047.

- Systematic review of the literature, comparing outcomes of patients who underwent primary ACLR with a quadriceps tendon autograft vs BPTB or HT tendon autograft.
- Authors found that patients undergoing primary ACLR with QT, HT, or BPTB can be expected to experience improved clinical outcomes.
- “QT patients experienced less knee laxity postoperatively compared with HT patients, although no significant differences in graft failure rate were found.”

Slone HS,  
Romine SE,  
Premkumar A,  
Xerogeanes JW

[Quadriceps tendon autograft for anterior cruciate ligament reconstruction: a comprehensive review of current literature and systematic review of clinical results.](#) *Arthroscopy.* 2015; 31(3):541-554. doi:10.1016/j.arthro.2014.11.010.

- Literature review and systematic review of clinical results of quadriceps tendon autograft for ACL reconstruction
- Performed comprehensive review of literature regarding anatomy, histology, and biomechanical studies of QT for ACLR
- Concluded that use of QT for ACLR is supported by the current orthopedic literature. It is a safe, reproducible, and versatile graft that should be considered in future studies of ACL reconstruction.”



Mulford JS,  
Hutchinson SE,  
Hang JR

[Outcomes for primary anterior cruciate reconstruction with the quadriceps autograft: a systematic review.](#) *Knee Surg Sports Traumatol Arthrosc.* 2013;21(8):1882-1888. doi:10.1007/s00167-012-2212-2.

- A systematic review to determine the suitability of quadriceps tendon autografts for primary ACLR.
- Seventeen articles met the inclusion criteria with 1580 reconstructions studied.
- Concluded that QT autograft “is a promising alternative for primary ACL reconstructions with good outcomes and minimal donor site morbidity.”

### In Vitro Studies: Biomechanical Validation

Karkosch RF,  
Ettinger M,  
Bachmaier S,  
Wijdicks CA,  
Smith T

[Adjustable-length loop cortical button versus interference screw fixation in quadriceps tendon anterior cruciate ligament reconstruction: a biomechanical in vitro study.](#)

*Clin Biomech.* 2018;60:60-65. doi:10.1016/j.clinbiomech.2018.10.001.

- Biomechanical cadaveric in vitro study evaluated and compared the “dynamic elongation behavior and ultimate failure strength of tibial adjustable-length loop cortical button versus interference screw fixation in quadriceps tendon-based anterior cruciate ligament reconstruction.”
- Tibial interference screw fixation showed no statistically significant differences in the initial, dynamic, and total elongation compared to adjustable-loop device fixation.
- Quad tendon ACLR using a tibial adjustable-loop cortical button “provides for comparable dynamic stabilization of the knee with increased ultimate failure-load at decreased stiffness compared to screw fixation.”

Shani RH,  
Umpierrez E,  
Nassert M,  
Hiza EA,  
Xerogeanes J

[Biomechanical comparison of quadriceps and patellar tendon grafts in anterior cruciate ligament reconstruction.](#) *Arthroscopy.* 2016;32(1):71-75. doi:10.1016/j.arthro.2015.06.051.

- Quantified the structural and material properties of 10 mm sections of QT and BPTB grafts.
- Cross-sectional area of QT graft was nearly twice that of BPTB graft.
- Biomechanical properties were significantly higher for QT vs BPTB as measured by ultimate load and stiffness. Variability in cross-sectional area was similar in both graft choices.
- Reaffirms that QT is a suitable option for ACL reconstruction.

Sasaki N,  
Farraro KF,  
Kim KE,  
Woo SL

[Biomechanical evaluation of the quadriceps tendon autograft for anterior cruciate ligament reconstruction.](#) *Am J Sports Med.* 2014;42(3):723-730. doi:10.1177/0363546513516603.

- Measured 6 degrees of freedom knee kinematics and in situ graft forces after ACL reconstruction with QT graft compared with quadrupled semitendinosus and gracilis (QSTG) graft.
- Ten human cadaveric knees were tested in 3 conditions: intact, ACL deficient, and after ACL reconstruction.
- There were no significant differences between the grafts under any experimental condition.
- Supports the use of QT autograft for ACL as it could restore knee function immediately under applied loads that mimic clinical examinations.



Stäubli HU,  
Schatzmann L,  
Brunner P,  
Rincón L,  
Nolte LP

[Mechanical tensile properties of the quadriceps tendon and patellar ligament in young adults.](#) *Am J Sports Med.* 1999;27(1):27-34. doi:10.1177/03635465990270011301.

- Analyzed biomechanical properties of 16 full thickness QT and patellar ligament (PL) grafts from paired knees.
- Preconditioned PL grafts exhibited significantly higher elastic modulus than QT grafts.
- The QT construct may represent a versatile alternative graft in primary and revision ACL and PCL reconstruction.

## Anatomy and Graft Characteristics

Ashford WB,  
Kelly TH,  
Chapin RW,  
Xerogeanes JW,  
Sloane HS

[Predicted quadriceps vs. quadrupled hamstring tendon graft size using 3-dimensional MRI.](#) *Knee.* 2018;25(6):1100-1106. doi:10.1016/j.knee.2018.08.001.

- A retrospective review of 54 knee 3D MRIs was conducted to compare the cross-sectional area and diameter between the quadriceps tendon (QT) and quadrupled hamstring tendon (HT) autografts and to assess the predicted size of the QT graft in patients with insufficient HT autografts.
- It was determined that the mean cross-sectional area of the QT and quadrupled HT grafts were 84.4 mm<sup>2</sup> and 47.2 mm<sup>2</sup> respectively. A statistically significant positive correlation exists between quadrupled hamstring graft and quadriceps tendon graft cross-sectional area.
- All 54 patients had predicted QT grafts diameters >8 mm. However, 17% of these same patients were predicted to have insufficient quadrupled HT grafts for successful ACLR. Therefore, QT grafts are a viable alternative in patients at risk for insufficient quadriceps HT grafts.

Xerogeanes JW,  
Mitchell PM,  
Karasev PA,  
Kolesov IA,  
Romine SE

[Anatomic and morphological evaluation of the quadriceps tendon using 3-dimensional magnetic resonance imaging reconstruction: applications for anterior cruciate ligament autograft choice and procurement.](#) *Am J Sports Med.* 2013;41(10):2392-2399. doi:10.1177/0363546513496626.

- MRI study of 60 patients to determine if QT “has the anatomical characteristics to produce a graft whose length and volume are adequate, reproducible, and predictable when compared with the other commonly used autografts.”
- Authors concluded QT has the anatomic characteristics to produce a graft whose length and volume are reproducible and predictable with greater intra-articular volume than patellar tendon grafts.

Hadjicostas PT,  
Soucacos PN,  
Berger I,  
Koleganova N,  
Paessler HH

[Comparative analysis of the morphologic structure of quadriceps and patellar tendon: a descriptive laboratory study.](#) *Arthroscopy.* 2007;23(7):744-750. doi:10.1016/j.arthro.2007.01.032.

- This comparative laboratory study analyzed the morphologic structure of quadriceps and patellar tendons.
- Quadriceps and patellar tendons from 20 cadavers were harvested and evaluated by light and electron microscopy, immunohistochemistry, and morphometry.
- Found that QT graft “can provide approximately 20% more collagen than the patellar tendon graft with same thickness,” which may provide greater ultimate strength.



Todor A,  
Nistor D,  
Roman M,  
et al

[Autograft options for ACL reconstruction. Which is best?](#) *Journal of Interdisciplinary Medicine*. 2017;2(S3):32-34. doi:org/10.1515/jim-2017-0042.

- Short review of ACL autograft options highlighting the main characteristics and clinical data for each autograft.
- Concluded that “autografts for ACL reconstruction provide similar functional outcomes.” Quadriceps tendons are versatile grafts with results similar to BTB, but with less donor site morbidity.